



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600001

CITY OR TOWN **READING**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **READING VETS. ASSN. INC.**

DOING BUSINESS AS **AMERICAN LEGION POST 62**

ADDRESS **37 ASH ST.**

CITY/TOWN: **READING**

STATE: **MA**

ZIP CODE: **01867**

MANAGER: **LANE, DENNIS F.** TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CELLAR; CLUB ROOM FIRST FLOOR; MEETING ROOM, KITCHEN. SECOND FLR; BOARD OF DIRECTORS ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600002

CITY OR TOWN READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MEADOW BROOK GOLF CORP.OF READING MASS.

DOING BUSINESS A MEADOW BROOK GOLF CLUB

ADDRESS 292 GROVE

CITY/TOWN: READING

STATE: MA

ZIP CODE: 01867

MANAGER: MORELLI, DARIO TYPE OF LICENSE: Club
L.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CLUB HOUSE; GROVE ST WITH ENTRANCE AND EXIT BY THE SAME DRIVEWAY TO
GROVE ST CLUB HOUSE HAS TWO FLOORS WITH LOUNGE ON EACH FLR ..WITH DECK ON
MAIN FLOOR OFF ENTRANCE TO LOUNGE

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DATE:



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LICENSE NUMBER: 101600005

CITY OR TOWN READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PHIDER CORP.

DOING BUSINESS AS GRUMPY'S DOYLE'S

ADDRESS 530 MAIN ST.

CITY/TOWN: READING

STATE: MA

ZIP CODE: 01867

MANAGER: WYNNE, PHILIP R. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3200 sf restaurant with patio. Three entrances at side and two at the front. Rear access for deliveries

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600006

CITY OR TOWN **READING**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **READING OVERSEAS VETS. INC.**

DOING BUSINESS AS **READING OVERSEAS VETS**

ADDRESS **575 MAIN ST.**

CITY/TOWN: **READING**

STATE: **MA**

ZIP CODE: **01867**

MANAGER: **Fennelly, Thomas A** TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG, FUNCTION HALL AND CLUB ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600007

CITY OR TOWN READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MANDARIN READING, INC.

DOING BUSINESS AS MANDARIN READING RESTAURANT

ADDRESS 296 SALEM ST.

CITY/TOWN: READING

STATE: MA

ZIP CODE: 01867

MANAGER: LEE, HIU HUNG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG WITH WAITING AREA AND LOBBY IN FRONT RESTROOMS IN BACK, 4 DINING ROOMS, KITCHEN & STORAGE AREA ON MAIN LEVEL. ONE EXIT & ENTRANCE AT FRONT & 3 OTHER EXITS. INCLUDES ADDITIONAL PATIO DINING AREA.

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600008

CITY OR TOWN READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HOME BUILD.CORP.OF READING COUNCIL K.OF C.INC

DOING BUSINESS A KNIGHTS OF COLUMBUS

ADDRESS 11 SANBORN ST.

CITY/TOWN: READING

STATE: MA

ZIP CODE: 01867

MANAGER: KINTIGOS,
STEVEN

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BAR AREA, LOUNGE IN LOWER AREA, BOILER ROOM. HALL ON FIRST FLOOR,
RESTROOM, KITCHEN

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600009

CITY OR TOWN READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BUSA'S READING LIQUORS,INC.

DOING BUSINESS A BUSA'S READING LIQUORS

ADDRESS 345 MAIN ST

CITY/TOWN: READING

STATE: MA

ZIP CODE: 01867

MANAGER: BUSA, DANIEL P. JR. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR APPROX 5668 SQ FT. FRONT ENTRANCE, REAR SERVICE ENTRANCE

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600011

CITY OR TOWN **READING**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ATHENS LIQUORS, INC.**

DOING BUSINESS AS **SQUARE LIQUORS**

ADDRESS **11 HIGH ST**

CITY/TOWN: **READING**

STATE: **MA**

ZIP CODE: **01867**

MANAGER: **SHOMOS, CHRIST** TYPE OF LICENSE: **Package Store** CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1550 SQ FT AREA OF RETAIL SPACE LOCATED ON THE FIRST FLOOR

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600015

CITY OR TOWN **READING**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MECOM, INC.**

DOING BUSINESS AS **CAFE CAPRI**

ADDRESS **355 MAIN STREET**

CITY/TOWN: **READING**

STATE: **MA**

ZIP CODE: **01867**

MANAGER: **ENOS, MICHAEL** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

A.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**ONE STORY RESTAURANT IN THE BUILDING AT 355 MAIN ST CONTAINING 5255 SQ FT.
THERE ARE TWO FRONT ENTRANCES THAT LEAD TO A PARKING LOT, THREE REAR
ENTRANCES**

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600017

CITY OR TOWN READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAI VAISHNODEVI & CHIRAG INC.

DOING BUSINESS AS NORTH SIDE LIQUORS

ADDRESS 150 MAIN STREET

CITY/TOWN: READING

STATE: MA

ZIP CODE: 01867

MANAGER: PATEL, ANJU

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL SALES SPACE, ONE STORAGE SPACE & WALK IN COOLER ON FLOOR, WITH
RESTROOM IN BACK, ONE ENTRANCE/EXIT IN FRONT & ANOTHER ENTRANCE/EXIT IN
BACK

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600019

CITY OR TOWN [READING](#)

APPLICATION FOR RENEWAL:

[Annual](#)

LICENSED FOR [2013](#)

CLASS

YEAR

LICENSEE NAME: [READING FINE WINES LLC](#)

DOING BUSINESS AS [THE WINE SHOP OF READING](#)

ADDRESS [676 MAIN ST](#)

CITY/TOWN: [READING](#)

STATE: [MA](#)

ZIP CODE: [01867](#)

MANAGER: [CARP,ROBERT](#)

TYPE OF LICENSE:[Package Store](#)

CATEGORY: [All Alcohol](#)

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

[APPROX 2900 SQ FT](#)

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600020

CITY OR TOWN **READING**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CAC FOODS, INC**

DOING BUSINESS AS **VENETIAN MOON**

ADDRESS **680 MAIN ST**

CITY/TOWN: **READING**

STATE: **MA**

ZIP CODE: **01867**

MANAGER: **CAVALLO,
ANTHONY**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

a two level restaurant consisting of a first floor of 1548 sq ft with restaurant and bar areas and kitchen with 50 seats, lower floor of 4347 sq ft with restaurant and bar areas, bathrooms, storage and function room with seating for 125

I hereby certify and swear under penalties of perjury that:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600021

CITY OR TOWN **READING**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **PEPPER DINING INC.**

DOING BUSINESS AS **CHILI'S GRILL & BAR**

ADDRESS **70 WALKER'S BROOK DRIVE**

CITY/TOWN: **READING**

STATE: **MA**

ZIP CODE: **01867**

MANAGER: **DUMONT JR., E. THOMAS**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY FRAME BUILDING WITH FULL KITCHEN AND DINING FACILITIES. BAR: 190 SQ.FT, DINING AREA, KITCHEN, OFFICE, RESTROOMS, COOLERS (BACK OF HOUSE) 2433SQ.FT.

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600024

CITY OR TOWN **READING**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **Mac ACQUISITION OF DELAWARE**

DOING BUSINESS AS **ROMANO'S MACARONI GILL**

ADDRESS **48 WALKER'S BROOK DRIVE**

CITY/TOWN: **READING**

STATE: **MA**

ZIP CODE: **01867**

MANAGER: **HENDERSON,
JOSH**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME BUILDING W/ FULL KITCHEN AND DINING FACILITIES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600025

CITY OR TOWN **READING**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **THE BOLAND GROUP, III, LLC**

DOING BUSINESS AS **FUDDRUCKERS**

ADDRESS **50 WALKERS BROOK DRIVE**

CITY/TOWN: **READING**

STATE: **MA**

ZIP CODE: **01867**

MANAGER: **BOLAND, JAMES**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 6500 SQ FT AND IS SITUATED ON GROUND LEVEL. EXTERIOR DOOR DIRECTLY TO THE OUTSIDE AND INTERIOR DOOR TO THE REMAINDER OF THE FLOOR OF THE BUILDING INTO COMMON AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600026

CITY OR TOWN **READING**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BERTUCCI'S RESTAURANT CORPORATION**

DOING BUSINESS AS **BERTUCCI'S ITALIAN RESTAURANT**

ADDRESS **45 WALKERS BROOK DRIVE**

CITY/TOWN: **READING**

STATE: **MA**

ZIP CODE: **01867**

MANAGER: **BONNELL, MICHAEL** TYPE OF LICENSE: **Restaurant**
L

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**APPROX. 6770 SQ. FT. ITALIAN KITCHEN, ONE BAR/LOUNGE, TWO DINING ROOMS,
OUTSIDE PATIO, ONE MAIN ENTRANCE, ONE REAR EXIT**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600028

CITY OR TOWN **READING**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **RARE HOSPITALITY INTERNATIONAL INC.**

DOING BUSINESS AS **LONGHORN STEAK HOUSE**

ADDRESS **39 WALKERS BROOK DRIVE**

CITY/TOWN: **READING**

STATE: **MA**

ZIP CODE: **01867**

MANAGER: **BULL, LEIGH ANNE**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**FULL SERVICE RESTAURANT WITH DINING ROOM, LOUNGE AREA, BAR AND KITCHEN.
HANDICAP RESTROOMS FOR MEN AND WOMEN, EMERGENCY EXITS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DATE:

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Boston, MA 02114
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600030

CITY OR TOWN **READING**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **RISTORANTE PAVAROTTI, INC.**

DOING BUSINESS AS **RISTORANTE PAVAROTTI**

ADDRESS **601 MAIN STREET**

CITY/TOWN: **READING**

STATE: **MA**

ZIP CODE: **01867**

MANAGER: **YENOWSKAS, REB** TYPE OF LICENSE: **Restaurant**
ECCA D.

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE MAIN DINING AREA 1500 SQ. FT. ONE KITCHEN, ENTRANCE AND EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600031

CITY OR TOWN **READING**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **PALATAT PATTENESUAN**

DOING BUSINESS AS **BANKOK SPICE THAI RESTAURANT**

ADDRESS **76 HAVEN ST**

CITY/TOWN: **READING**

STATE: **MA**

ZIP CODE: **01867**

MANAGER: **PATTENESUAN,PAT** TYPE OF LICENSE: **Restaurant**
LATAT

CATEGORY: **Wine and**
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR LOCATED AT 76 HAVEN ST. APPROX. 800 SQ. FT. ENTRANCE LOCATION ON HAVEN STREET. EXITS LOCATED ON HAVEN STREET AND REAR OF PREMISES FACING BRANDEN COURT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600032

CITY OR TOWN **READING**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **KOK INC.**

DOING BUSINESS A **O' YES**

ADDRESS **26 WALKERS BROOK DRIVE**

CITY/TOWN: **READING**

STATE: **MA**

ZIP CODE: **01867**

MANAGER: **TANG, YAO H.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4517 SQ FT MORE OR LESS, WITH FRONT ENTRANCE AND REAR EXITS..BOTH THE KITCHEN AND DINING AREAS ARE ON THE SAME FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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LOCAL LICENSING AUTHORITY

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600033

CITY OR TOWN **READING**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BISTRO CONCEPTS,INC.**

DOING BUSINESS AS **SAM'S BISTRO**

ADDRESS **107 MAIN STREET**

CITY/TOWN: **READING**

STATE: **MA**

ZIP CODE: **01867**

MANAGER: **PALMER,MICHAEL** TYPE OF LICENSE: **Restaurant**
A.

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BUILDING WITH PUBLIC SEATING ON THE FIRST FLOOR ONLY;STORAGE ON SECOND FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101600034

CITY OR TOWN **READING**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CWI, LTD**

DOING BUSINESS AS **THE WINE BUNKER**

ADDRESS **128 MARKET PLACE SHOPPING CENTER ONE GENERAL WAY**

CITY/TOWN: **READING**

STATE: **MA**

ZIP CODE: **01867**

MANAGER: **BARCLIFT, BRETT** TYPE OF LICENSE: **Package Store** CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**9000 SQ. FT. ENTRANCE/EXIT FRONT OF BLSG.EXIT/LOADING DOCK REAR OF
BLDG.SPACE IS 77' WIDE, 100' DEEP WITH 1200 SQ. FT. OF MEZZANINE AREA**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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